

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 03:01

# Crosswalk Report

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Status : FN                      Substance Abuse and Mental Health Services Administration

Media ID : WVADAS/CDS now  
APS-WV

Start Date : 01-JAN-90

End Date :

Follow-up :

## West Virginia's Treatment Episode Data Set

Version : 1

K = Key Field

## System

West Virginia

Item

Item

No.	Treatment Episode Data Set
1	1996-1997
2	1997-1998
3	1998-1999
4	1999-2000
5	2000-2001
6	2001-2002
7	2002-2003
8	2003-2004
9	2004-2005
10	2005-2006
11	2006-2007
12	2007-2008
13	2008-2009
14	2009-2010
15	2010-2011
16	2011-2012
17	2012-2013
18	2013-2014
19	2014-2015
20	2015-2016
21	2016-2017
22	2017-2018
23	2018-2019
24	2019-2020
25	2020-2021
26	2021-2022
27	2022-2023
28	2023-2024
29	2024-2025
30	2025-2026
31	2026-2027
32	2027-2028
33	2028-2029
34	2029-2030
35	2030-2031
36	2031-2032
37	2032-2033
38	2033-2034
39	2034-2035
40	2035-2036
41	2036-2037
42	2037-2038
43	2038-2039
44	2039-2040
45	2040-2041
46	2041-2042
47	2042-2043
48	2043-2044
49	2044-2045
50	2045-2046
51	2046-2047
52	2047-2048
53	2048-2049
54	2049-2050
55	2050-2051
56	2051-2052
57	2052-2053
58	2053-2054
59	2054-2055
60	2055-2056
61	2056-2057
62	2057-2058
63	2058-2059
64	2059-2060
65	2060-2061
66	2061-2062
67	2062-2063
68	2063-2064
69	2064-2065
70	2065-2066
71	2066-2067
72	2067-2068
73	2068-2069
74	2069-2070
75	2070-2071
76	2071-2072
77	2072-2073
78	2073-2074
79	2074-2075
80	2075-2076
81	2076-2077
82	2077-2078
83	2078-2079
84	2079-2080
85	2080-2081
86	2081-2082
87	2082-2083
88	2083-2084
89	2084-2085
90	2085-2086
91	2086-2087
92	2087-2088
93	2088-2089
94	2089-2090
95	2090-2091
96	2091-2092
97	2092-2093
98	2093-2094
99	2094-2095
100	2095-2096
101	2096-2097
102	2097-2098
103	2098-2099
104	2099-2100
105	2100-2101
106	2101-2102
107	2102-2103
108	2103-2104
109	2104-2105
110	2105-2106
111	2106-2107
112	2107-2108
113	2108-2109
114	2109-2110
115	2110-2111
116	2111-2112
117	2112-2113
118	2113-2114
119	2114-2115
120	2115-2116
121	2116-2117
122	2117-2118
123	2118-2119
124	2119-2120
125	2120-2121
126	2121-2122
127	2122-2123
128	2123-2124
129	2124-2125
130	2125-2126
131	2126-2127
132	2127-2128
133	2128-2129
134	2129-2130
135	

Value

## State System Data

1	System Transaction Type	-	System Transaction Type Added To Each Record

K 2	State Code	WV	FIPS Code Added To Each Record
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<b>3</b>	<b>Reporting Date</b>	<b>-</b>	<b>Month And Year Of Submission Added To Each Record</b>
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Version : 1

K = Key Field  
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No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>K 1</b>	<b>Provider Identifier</b>	<b>4</b>	<b>Program ID</b>
No longer effective as of: 06-30-1999			

<b>K 1</b>	<b>Provider Identifier</b>	<b>-</b>	<b>Service - comes from CSDR - 97 form</b>
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<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>5</b>	<b>Client's Case Number</b>
No longer effective as of: 06-30-1999			

<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>2/3</b>	<b>Clinician's Number/Consumer's Id Number ( same all 3 forms)</b>
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<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>6</b>	<b>Co-Dependent/Collateral</b>
1	Yes	1	Yes
2	No	2	No
No longer effective as of: 06-30-1999			

<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>13SAF RR</b>	<b>Is the Consumer Receiving Services Targeted to Co-depentents/collaterals of</b>
1	Yes		
2	No		

<b>K 4</b>	<b>Client Transaction Type</b>	<b>7</b>	<b>Transaction Type</b>
A	Initial Admission	A	Initial Admission
T	Transfer/Change in Service	T	Transfer/Change
No longer effective as of: 06-30-1999			

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No.	Treatment Episode Data Set	Item	Value	State System Data
<b>K 4</b>	<b>Client Transaction Type</b>	<b>9</b>	<b>Case Status ( same on both adult and child forms)</b>	
	A Initial Admission		A	New Admission
	A Initial Admission		A	Readmission of Closed Case
	T Transfer/Change in Service		T	Update/Reassessment of Open Case

<b>K 5</b>	<b>Date of Admission</b>	<b>8</b>	<b>Date Of Admission</b>
No longer effective as of: 06-30-1999			

<b>K 5</b>	<b>Date of Admission</b>	<b>7</b>	<b>Date Form Filled Out ( same on both adult and child forms)</b>
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<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>10</b>	<b>Number Of Prior Treatments</b>
	0 0		0 0
	1 1		1 1
	2 2		2 2
	3 3		3 3
	4 4		4 4
	5 Or More		5 5 or more
	7 Unknown		7 Unknown
No longer effective as of: 06-30-1999			

<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>90</b>	<b>Indicate Number Of Substance Abuse Admissions ( Item 50 on Child form)</b>
	0 0		0 0
	1 1		1 1
	2 2		2 2
	3 3		3 3
	4 4		4 4
	5 Or More		5 5 or more
	7 Unknown		7 Unknown

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## West Virginia's Treatment Episode Data Set Version : 1

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**Minimum**

West Virginia

Item

Item

No. Treatment Episode Data Set

Value

State System Data

7	Principal Source of Referral	11	Principal Source Of Referral
01	Individual (includes self-referral))	01	Individual
02	Alcohol/Drug Abuse Provider	02	Alcohol/Drug Abuse Provider
03	Other Health Care Provider	03	Other Health Care Provider
04	School (Educational)	04	School (Education)
05	Employer/EAP	05	Employee/EAP
06	Other Community Referral	06	Other Community Referral
07	Court/Criminal Justice/DUI/DWI	07	Court/Criminal Justice/DUI/DWI
97	Unknown	97	Unknown
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## West Virginia's Treatment Episode Data Set

Version : 1

K = Key Field

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Item

No. Treatment Episode Data Set

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State System Data

7	Principal Source of Referral	35	Referring Entity ( Item 34 on Child Form)
01	Individual (includes self-referral))	1	Individual
03	Other Health Care Provider	10	Other Inpatient/Residential Program
02	Alcohol/Drug Abuse Provider	11	Alcohol Inpatient/Residential Program
02	Alcohol/Drug Abuse Provider	12	Drug Abuse Inpatient/Residential Program
03	Other Health Care Provider	13	Nursing Home/Extended Care
06	Other Community Referral	14	Community Residential Organization
03	Other Health Care Provider	15	Other Inpatient/Residential
03	Other Health Care Provider	16	Multi-service MH Agency
03	Other Health Care Provider	17	OutPatient Psych Program
03	Other Health Care Provider	18	Private Psychiatrist
03	Other Health Care Provider	19	Other Physician
01	Individual (includes self-referral))	2	Family or Friend
03	Other Health Care Provider	20	Other Private Pay Practioner MH
03	Other Health Care Provider	21	Partial Day Organization
06	Other Community Referral	22A	Homeless Shelter
07	Court/Criminal Justice/DUI/DWI	22C	Juvenile Justice
02	Alcohol/Drug Abuse Provider	23	Outpatient Alcohol Program
02	Alcohol/Drug Abuse Provider	24	OutPatient Program
03	Other Health Care Provider	25	Developmental Disabilities Program
05	Employer/EAP	26	Employer/Employee Assistance Program
03	Other Health Care Provider	27	Behavioral Health
03	Other Health Care Provider	28	Multi-Discipline Team
06	Other Community Referral	29	Advocacy Agency
07	Court/Criminal Justice/DUI/DWI	3	Police
06	Other Community Referral	30A	Information & Referral Service
06	Other Community Referral	30C	Child Care
06	Other Community Referral	31A	Other Referral Sourse
06	Other Community Referral	31C	Advocacy Agency
07	Court/Criminal Justice/DUI/DWI	32A	Mental Hygiene
06	Other Community Referral	32C	Informationan & Referral Service
06	Other Community Referral	33	WV DHHR

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State System Data

7	Principal Source of Referral	35	Referring Entity ( Item 34 on Child Form)
06	Other Community Referral	33	WV DHHR
06	Other Community Referral	34	Child Protective Services
06	Other Community Referral	35	Other Referral Source
07	Court/Criminal Justice/DUI/DWI	4	Court Or Correction Agency
04	School (Educational)	5	School System or Educational Agency
03	Other Health Care Provider	6	Social Services Agency
03	Other Health Care Provider	7	Inpatient/Residential Organization
03	Other Health Care Provider	8	State Or County Psych. Program
03	Other Health Care Provider	9	General Hospital Psych Program
97	Unknown	99	No Value

8	Date of Birth	12	Birthday
No longer effective as of: 06-30-1999			

8	Date of Birth	6	Consumer's Birth Date ( same on both adult and child forms)
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9	Sex	13	Sex
1	Male	1	Male
2	Female	2	Female
7	Unknown	7	Unknown
No longer effective as of: 06-30-1999			

9	Sex	14	Gender (Item #13 on Child form)
1	Male	1	Male
2	Female	2	Female

West Virginia's Treatment Episode Data Set  
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Item

Item

No. Treatment Episode Data Set

Value

State System Data

**10 Race****14 Race**

01 Alaska Native (Aleut, Eskimo,  
Indian)  
02 American Indian ( Other than  
Alaskan Native)  
03 Asian or Pacific Islander  
04 Black or African American  
05 White  
20 Other  
97 Unknown

01 Alaskan Native  
02 American Indian  
03 Asian or Pacific Islander  
04 Black  
05 White  
20 Other  
97 Unknown

No longer effective as of: 06-30-1999

**10 Race****16 Race (Item #15 on Child form)**

01 Alaska Native (Aleut, Eskimo,  
Indian)  
02 American Indian ( Other than  
Alaskan Native)  
03 Asian or Pacific Islander  
04 Black or African American  
05 White  
20 Other  
97 Unknown  
13 Asian  
23 Native Hawaiians or Other Pacific  
Islanders

01 Alaskan  
02 Indian Native  
03 Asian Or Pacific Islander  
04 Black/African American  
05 White/Caucasian  
20 Other  
97 Unknown

**11 Ethnicity****15 Ethnicity**

01 Puerto Rican  
02 Mexican  
03 Cuban  
04 Other Specific Hispanic  
05 Not of Hispanic Origin  
97 Unknown

01 Puerto Rican  
02 Mexican  
03 Cuban  
04 Other Hispanic  
05 Not Of Hispanic Origin  
97 Unknown

No longer effective as of: 06-30-1999



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## West Virginia's Treatment Episode Data Set Version : 1

K = Key Field  
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No.	Treatment Episode Data Set	Item	Value	State System Data
<b>11</b>	<b>Ethnicity</b>	<b>17</b>	<b>Ethnicity (Item #16 on Child form)</b>	
01	Puerto Rican	01	Puerto Rican	
02	Mexican	02	Mexican	
03	Cuban	03	Cuban	
04	Other Specific Hispanic	04	Other Hispanic	
05	Not of Hispanic Origin	05	Not of Hispanic Origin	
97	Unknown	97	Unknown	

<b>12</b>	<b>Education</b>	<b>16</b>	<b>Years Of Education At Admission</b>	
01-	Years of School(Highest Grade) (	00-25	00-25 (12=GED)	
25	General Equivalency Degree, use 12)			
97	Unknown	97	Unknown	
No longer effective as of: 06-30-1999				

West Virginia's Treatment Episode Data Set  
Version : 1

K = Key Field

Minimum

West Virginia

Item

Item

No. Treatment Episode Data Set

Value

State System Data

**12 Education****19 Years of Education Completed - (includes Item 20 and item 118 on child form)**

01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	1-11	grades 1 thru 11
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	12	HS/GED
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	13	Some College
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	14	2 Yr College
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	15	4 Yr College
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	16	Graduate
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	17-21+	Graduate or Professional Degree
97	Unknown	97	Unknown

**13 Employment Status****17 Employment Status**

01	Full Time	01	Full Time (35+ Hours Per Week)
02	Part Time	02	Part Time (Less Than 35 Hours Per Week)
03	Unemployed	03	Unemployed Looking For Work Over The Past 30 Days
04	Not in Labor Force	04	Not In Labor Force
97	Unknown	97	Unknown

No longer effective as of: 06-30-1999

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## West Virginia's Treatment Episode Data Set Version : 1

K = Key Field

Minimum

West Virginia

Item

Item

No. Treatment Episode Data Set

Value

State System Data

13	Employment Status	41	Employment Status ( Items 115,21,114 on Child Form)
03	Unemployed	10	Not Employed, but looking
01	Full Time	1A	Competitive Work
01	Full Time	1C-115	Fulltime
02	Part Time	2A	Supprted Work
02	Part Time	2C-115	Part-time
02	Part Time	3A	Sheltered Work
03	Unemployed	3C-115	Not Employed
04	Not in Labor Force	4A	In Employment Training
04	Not in Labor Force	4C-115	Volunteer
04	Not in Labor Force	5	Homemaker
04	Not in Labor Force	6	Student
04	Not in Labor Force	7	Retired
04	Not in Labor Force	8	Physically Impaired
04	Not in Labor Force	99	Not Employeed, Not Looking
97	Unknown	99	Not Employeed, Not Looking

West Virginia's Treatment Episode Data Set  
Version : 1

K = Key Field

Minimum

West Virginia

Item

Item

No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)	18,22,26	Substance Code, Primary, Secondary, Tertiary
01	None	01	None
02	Alcohol	02	Alcohol
03	Cocaine, Crack	03	Cocaine, Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	04	Marijuana, Hashish, THC
05	Heroin	05	Heroin
06	Non-Prescription Methadone	06	Non-Prescription Methdadone
07	Other Opiates and Synthetics	07	Other Opiates And Synthetics
08	PCP	08	PCP
09	Other Hallucinogens	09	Other Hallucinogens
10	Methamphetamine	10	Methamphetamine
11	Other Amphetamines	11	Other Amphetamines
12	Other Stimulants	12	Other Stimulants
13	Benzodiazepine	13	Benzodiazepines
14	Other Tranquilizers	14	Other Tranquilizers
15	Barbiturates	15	Barbiturates
16	Other Sedatives or Hypnotics	16	Other Sedatives Or Hypnotics
17	Inhalants	17	Inhalants
18	Over-the-Counter	18	Over The Counter
20	Other	20	Other
97	Unknown	97	Unknown

No longer effective as of: 06-01-1999

West Virginia's Treatment Episode Data Set  
Version : 1

K = Key Field

Minimum

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Item

No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)	16SAF RR	Substance Abuse Problem
02	Alcohol	a	Alcohol
15	Barbiturates	b	Barbituates
13	Benzodiazepine	c	Benzodiazepines
16	Other Sedatives or Hypnotics	d	Other Sedatives/Hypnotics
14	Other Tranquilizers	e	Other Tranquilers
05	Heroin	f	Heroin
06	Non-Prescription Methadone	g	Non-Prescription Methadone
07	Other Opiates and Synthetics	h	Other Opiates/Synthetics
10	Methamphetamine	i	Methamphetamine
11	Other Amphetamines	j	Other Amphetamine
03	Cocaine, Crack	k	Cocaine
03	Cocaine, Crack	l	Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preperations)	m	Marijuana,Hashish,THC
08	PCP	n	PCP
09	Other Hallucinogens	o	Other Hallucinogens
17	Inhalants	p	Inhalants
18	Over-the-Counter	q	Over-The-Counter
20	Other	r	Other
01	None	s	None-Secondary
01	None	t	None-Tertiary
97	Unknown	u	Unknown

## West Virginia's Treatment Episode Data Set

Version : 1

K = Key Field

Minimum

West Virginia

Item

Item

No. Treatment Episode Data Set

Value

State System Data

**15 Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)** **19,23,27** **Route of Administration Primary, Secondary, Tertiary**

01	Oral	01	Oral
02	Smoking	02	Smoking
03	Inhalation	03	Inhalation
04	Injection (IV or intramuscular)	04	Injection (IV or IM)
20	Other	20	Other
97	Unknown	97	Unknown

No longer effective as of: 06-30-1999

**15 Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)** **17SAF RR** **Usual Route of Administration**

01	Oral	a	oral
02	Smoking	c	smoking
03	Inhalation	d	injection (non-IV)
04	Injection (IV or intramuscular)	d	injection (non-IV)
04	Injection (IV or intramuscular)	e	IV injection
20	Other	f	other
97	Unknown	g	unknown
20	Other	h	not collected

**16 Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)** **20,24,28** **Frequency of Use Primary, Secondary, Tertiary**

01	No past month use	01	No Past Month Use
02	1-3 times in past month	02	1-3 Times In Past Month
03	1-2 times per week	03	1-2 Times Per Week
04	3-6 times per week	04	3-6 Times Per Week
05	Daily	05	Daily
97	Unknown	97	Unknown

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16	Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)	19SAF RR	Frequency
01	No past month use	a	No use during last 30 days
02	1-3 times in past month	b	1-3 days during the last 30 days
03	1-2 times per week	c	1-2 days per week during last 30 days
04	3-6 times per week	d	3-6 days per week during last 30 days
05	Daily	e	Daily during last 30 days
97	Unknown	f	Unknown
97	Unknown	g	Not Collected

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	21,25,29	Age Of First Use, Primary, Secondary, Tertiary
00-95	Indicates The Age at First Use	00-96	00-96
97	Unknown	97	Unknown

No longer effective as of: 06-30-1999

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17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	20SAF RR	Age of First Use
00-95	Indicates The Age at First Use	a	Under 12 years
00-95	Indicates The Age at First Use	b	12-17
00-95	Indicates The Age at First Use	c	18-20
00-95	Indicates The Age at First Use	d	21-24
00-95	Indicates The Age at First Use	e	25-34
00-95	Indicates The Age at First Use	f	35-44
00-95	Indicates The Age at First Use	g	45-54
00-95	Indicates The Age at First Use	h	55-64
00-95	Indicates The Age at First Use	i	65 and over
97	Unknown	j	unknown
97	Unknown	k	not collected

K 18	Type of Services	9	Services
01	Hospital Inpatient ( Detox, 24 hour Service)	01	Hospital Inpatient
02	Free-standing Residential ( Detox, 24 hour Service)	02	Free Standing
03	Hospital (other than detox)	03	Hospital
04	Short-term, ( 30 days or fewer)	04	Short Term < = 30 Days
05	Long-term, ( more than 30 days)	05	Long Term > 30 Days
06	Intensive Outpatient	06	Intensive Outpatient
07	Non-Intensive Outpatient	07	Outpatient
08	Ambulatory Detoxification	08	Detoxification



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		Minimum			<u>West Virginia</u>
Item		Item	Value	State System Data	
No.	Treatment Episode Data Set				
19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	30	Use of Methadone Planned		
1	Yes	1	Yes		
2	No	2	No		
7	Unknown	7	Unknown		
No longer effective as of: 06-30-1999					

19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	~	not collected field
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Optional

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>1</b>	<b>Detail Drug Code, Primary</b>	<b>31</b>	<b>Drug Detail Codes</b>
	9997 Unknown		9997 Unknown
	No longer effective as of: 06-30-1999		

<b>1</b>	<b>Detail Drug Code, Primary</b>	<b>~</b>	<b>not collected field</b>
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<b>2</b>	<b>Detail Drug Code, Secondary</b>	<b>31</b>	<b>Drug Detail Codes</b>
	No longer effective as of: 06-30-1999		

<b>2</b>	<b>Detail Drug Code, Secondary</b>	<b>~</b>	<b>not collected field</b>
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<b>3</b>	<b>Detail Drug Code, Tertiary</b>	<b>31</b>	<b>Drug Detail Codes</b>
	No longer effective as of: 06-30-1999		

<b>3</b>	<b>Detail Drug Code, Tertiary</b>	<b>~</b>	<b>not collected field</b>
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<b>4</b>	<b>DSM Diagnosis</b>	<b>34</b>	<b>DSM III-R Diagnosis Code</b>
	###. DSM III-R Category		###.# DSM-R Category
	##		#
	999. Unknown		999.9 Unknown
	97		7
	No longer effective as of: 06-30-1999		

<b>4</b>	<b>DSM Diagnosis</b>	<b>95</b>	<b>DSM-IV Diagnoses ( also 96 thru 103 adult form and 60 thru 68 child form)</b>
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Optional

West Virginia

Item	Treatment Episode Data Set	Optional Item	Value	State System Data
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5	Psychiatric Problem in Addition to Alcohol or Drug Problem	35	Psychiatric Problem
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1	Yes	1	Yes
2	No	2	No
7	Unknown	7	Unknown

No longer effective as of: 06-30-1999

5	Psychiatric Problem in Addition to Alcohol or Drug Problem	15	Client's Disability Group ( Child form Item #12)
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1	Yes	1	MH, SA, MR/DD, MH+SA, MH+MR/DD, SA+MR/DD, MH+SA+MR/DD, PI
---	-----	---	---

6	Pregnant at Time of Admission	36	Pregnant
---	-------------------------------	----	----------

1	Yes	1	Yes
2	No	2	No
7	Unknown	7	Unknown

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6	Pregnant at Time of Admission	39	Currently Pregnant ( Item #55 on child form)
---	-------------------------------	----	--

1	Yes	1	Yes
2	No	2	No
7	Unknown	3	Do Not Know
7	Unknown	4	Not Applicable

7	Veteran Status	37	Veteran Status
---	----------------	----	----------------

1	Yes	1	Yes
2	No	2	No
7	Unknown	7	Unknown

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K = Key Field		Optional		<u>West Virginia</u>	
Item		Item			
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7	Veteran Status	34	U.S. Veteran
1	Yes	1	Yes
2	No	2	No

8	Living Arrangements	38	Living Arrangements
01	Homeless	01	Homeless
02	Dependent Living	02	Dependent
03	Independent Living	03	Independent
97	Unknown	97	Unknown

No longer effective as of: 06-30-1999

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<b>8</b>	<b>Living Arrangements</b>	<b>40</b>	<b>What are the consumer's living arrangement? (Item 21 on Child form)</b>	
02	Dependent Living	10A	Large group board and care home (more than 8)	
02	Dependent Living	10C,1 2to14 C	Regular Foster Home, Receiving or Treatment or Special Needs Foster Home	
02	Dependent Living	11A	Small group board and care home (less than 8)	
02	Dependent Living	11C/1 6C	Family Emergency Center, Youth Emergency Center	
02	Dependent Living	12A	Rest Home	
02	Dependent Living	13A	Nursing Home	
02	Dependent Living	14A	Long-Term Psychiatric Hospital	
02	Dependent Living	15A	Short Term Acute Care Facility	
02	Dependent Living	15C/1 7C/25 C	Group Homes - Long Term, Receiving, Psychiatric	
02	Dependent Living	16A/3 3C	Specialized Family Care Home	
02	Dependent Living	17A/1 2to14 C	Foster Care Home, Receiving or Treatment or Special Needs Foster Home	
02	Dependent Living	18/9C	ICF/MR Group Home	
02	Dependent Living	18C	Medical Hospital	
02	Dependent Living	19A	Individualized Staffed Setting (ISS)	
03	Independent Living	1A	Own or Rent house or apartment (non-subsidized)	
03	Independent Living	1C	Self Maintained Residence	
02	Dependent Living	20A	Supported Apartment	
02	Dependent Living	21A	Personal Care Home	
02	Dependent Living	21C/2 4C	Ranch Based Treatment Center or Cottage based treatment Center	
02	Dependent Living	22A/3 2C	Correctional Facility - Adult	
02	Dependent Living	22C/2 8C/31 C	Correctional Facility (-adult or closed /open youth facility, youth offenders)	
02	Dependent Living	23A	Dependent Living ( includes halfway	

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<b>8</b>	<b>Living Arrangements</b>	<b>40</b>	<b>What are the consumer's living arrangement? (Item 21 on Child form)</b>
02	Dependent Living	23C/2	Adult or Youth drug and alcohol rehab center
97	Unknown	24A/3	Other
		4C	
02	Dependent Living	2A	Subsidized rental
02	Dependent Living	2C/27	Private Boarding Home, Armed Services
		C/20C	Base, Wilderness Camp, Private Resi School
02	Dependent Living	3A	Rooming house, hotel, YMCA
01	Homeless	4A/8C	Homeless Shelter
01	Homeless	5	Homeless (live on streets)
02	Dependent Living	6A/5C	Home of relative or biological parents
		/6C/7	or adoptive home
		C	
02	Dependent Living	7A/3C	Home of friend ( family friend or friend of child)
		/4C	
02	Dependent Living	8A	Adult Family care
02	Dependent Living	9A	Residential Group Treatment
02	Dependent Living	9C	Independent Living Group Home

<b>9</b>	<b>Source of Income/Support</b>	<b>39</b>	<b>Primary Source Of Income</b>
01	Wages/Salary	01	Wages/Salary
02	Public Assistance	02	Public Assistance
03	Retirement/Pension	03	Retirement/Pension
04	Disability	04	Disability
20	Other	20	Other
21	None	21	None
97	Unknown	97	Unknown

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<b>9</b>	<b>Source of Income/Support</b>	~	<b>Income ( Fields 43-49 adult form and Na on Child Form)</b>	
02	Public Assistance	136	Does Youth/Family receive AFDC?	
02	Public Assistance	137	Does Youth receive Medicaid?	
02	Public Assistance	138	Does Youth participate in thw WIC program?	
02	Public Assistance	139	Does Youth/Family receive public housing?	
20	Other	140	Does the Youth receive SSI?	
02	Public Assistance	141	Does the Youth /Family receive food stamps?	
02	Public Assistance	142	Does the Youth /Family other forms of assistance ?	
20	Other	43	Income from SSI	
04	Disability	44	Income from SSDI	
20	Other	45	Income from VA	
01	Wages/Salary	46	Income from Employment	
20	Other	47	Income from Family per month	
20	Other	48	Income from other Sources	
20	Other	49	Total Icome rec'd all sources	

**10 Health Insurance****40 Health Insurance**

01	Private Insurance (other than BCBS or HMO)	01	Private Insurance
02	Blue Cross/Blue Shield	02	Blue Cross/Blue Shield
03	Medicare	03	Medicare
04	Medicaid	04	Medicaid
06	Health Maintenance Organization (HMO)	06	Health Maintenance Organization (HMO)
20	Other (e.g. TriCare, Champus)	20	Other (e.g. CHAMPUS)
21	None	21	None
97	Unknown	97	Unknown

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10	Health Insurance	~~~~	Insurance carrier - (adult form #A child form #C)
01	Private Insurance (other than BCBS or HMO)		22A/2 Private Insurance 3C
02	Blue Cross/Blue Shield		23A/2 Blue Cross/ Blue SHield 4C
03	Medicare		24A/2 Medicare 5C
04	Medicaid		25A/2 Medicaid 6C
20	Other (e.g. TriCare, Champus)		26A/2 Other ( ie Champus) 7C
21	None		27A/2 OSS 8C
21	None		28A/2 OBHS 9C
21	None		29A/3 None 0C
97	Unknown		30A/3 Unknown 1C

11	Expected/Actual Primary Source of Payment	41	Primary Source Of Payment
01	Self-Pay	01	Self Pay
02	Blue Cross/Blue Shield	02	Blue Cross/Blue Shield
03	Medicare	03	Medicare
04	Medicaid	04	Medicaid
05	Other Government Payments	05	Other Government Payments
06	Worker's Compensation	06	Workman's Compensation
07	Other Health Insurance Companies	07	Other Health Insurance Companies
08	No Charge ( Free, Charity, Special Research or Teaching)	08	No Charge
09	Other	09	Other
97	Unknown	97	Unknown

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	~~~~	<b>Insurance carrier - (adult form #A child form #C)</b>	
07	Other Health Insurance Companies		22A/2 Private Insurance 3C	
02	Blue Cross/Blue Shield		23A/2 Blue Cross/ Blue SHield 4C	
03	Medicare		24A/2 Medicare 5C	
04	Medicaid		25A/2 Medicaid 6C	
09	Other		26A/2 Other ( ie Champus) 7C	
05	Other Government Payments		27A/2 OSS 8C	
05	Other Government Payments		28A/2 OBHS 9C	
97	Unknown		30A/3 Unknown 1C	
01	Self-Pay			
06	Worker's Compensation			

<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>42</b>	<b>Detailed Not In Labor Force</b>
01	Homemaker	01	Homemaker
02	Student	02	Student
03	Retired	03	Retired
04	Disabled	04	Disabled
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)	05	Inmate of Institution
06	Other	06	Other
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

No longer effective as of: 06-30-1999

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K = Key Field

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>41</b>	<b>Employment Status ( Items 115,21,114 on Child Form)</b>	
96	Not Applicable		1A	Competitive Work
02	Student		1C- 114	Preschool Prigram
96	Not Applicable		1C- 115	Fulltime
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		20C- 21	Wilderness Camp
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		21C- 21	Ranch-Based Treatment Center
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		22C- 21	Open Youth Correctional Facility
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		23C- 21	Adult rug/alcohol rehab center
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		24C- 21	Cottage Based Treatment Center
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		25C- 21	Psychiatric Group Home
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		26C- 21	Youth drug/alcohol rehab center
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		28C- 21	Youth Offenders Group Home
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		29C- 21	Psychiatric ward in hospital
02	Student		2C- 114	Headstart
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		30C- 21	Psychiatric Institution
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		31C- 21	Closed Youth Corrections Facility

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12	Detailed Not in Labor Force	41	Employment Status ( Items 115,21,114 on Child Form)
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)	32C-21	Adult Correction Facility
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)	33C-21	Specialized Family Care Home
96	Not Applicable	3A	Sheltered Work
02	Student	3C-114	Regular Education
96	Not Applicable	3C-115	Not Employed
02	Student	4C-114	Special Education
01	Homemaker	5	Homemaker
02	Student	5C-114	GED Program
02	Student	6	Student
02	Student	6C-114	Alternative School
03	Retired	7	Retired
02	Student	7C-114	Homebound
04	Disabled	8	Physically Impaired
02	Student	8C-114	Post-Secondary Program

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13	Detailed Criminal Justice Referral Categories	43	Criminal Justice Referral Detail
01	State/Federal Court	01	State/Federal Court
02	Other Court ( Not State or Federal)	02	Formal Adjudication Process
03	Probation/Parole	03	Probation/Parole
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	04	Other Recognized Legal Entity
05	Diversionary Program (E.G. TASC)	05	Diversionary Program
06	Prison	06	Prison
07	DUI/DWI	07	DUI/DWI
08	Other	08	Other
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

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13	Detailed Criminal Justice Referral Categories	35	Referring Entity ( Item 34 on Child Form)
01	State/Federal Court	1	Individual
03	Probation/Parole	10	Other Inpatient/Residential Program
02	Other Court ( Not State or Federal)	11	Alcohol Inpatient/Residential Program
02	Other Court ( Not State or Federal)	12	Drug Abuse Inpatient/Residential Program
03	Probation/Parole	13	Nursing Home/Extended Care
03	Probation/Parole	15	Other Inpatient/Residential
03	Probation/Parole	16	Multi-service MH Agency
03	Probation/Parole	17	OutPatient Psych Program
03	Probation/Parole	18	Private Psychiatrist
03	Probation/Parole	19	Other Physician
01	State/Federal Court	2	Family or Friend
03	Probation/Parole	20	Other Private Pay Practioner MH
03	Probation/Parole	21	Partial Day Organization
02	Other Court ( Not State or Federal)	23	Outpatient Alcohol Program
02	Other Court ( Not State or Federal)	24	OutPatient Program
03	Probation/Parole	25	Developmental Disabilities Program
03	Probation/Parole	27	Behavioral Health
03	Probation/Parole	28	Multi-Discipline Team
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	5	School System or Educational Agency
03	Probation/Parole	6	Social Services Agency
03	Probation/Parole	7	Inpatient/Residential Organization
03	Probation/Parole	8	State Or County Psych. Program
03	Probation/Parole	9	General Hospital Psych Program

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**14 Marital Status****44 Marital Status**

01	Never Married	01	Never Married
02	Now Married or Cohabiting	02	Married
03	Separated (legally or otherwise absent)	03	Seperated
04	Divorced	04	Divorced
05	Widowed	05	Widowed
97	Unknown	97	Unknown

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**14 Marital Status****18 Marital Status (Item 22 on child form)**

02	Now Married or Cohabiting	1A	Married
02	Now Married or Cohabiting	1C	Now Married
03	Separated (legally or otherwise absent)	2A	Seperated
05	Widowed	2C	Widowed
05	Widowed	3A	Widowed
04	Divorced	3C	Divorced
04	Divorced	4A	Divorced
03	Separated (legally or otherwise absent)	4C	Seperated
01	Never Married	5A/5C	Never Married

**15 Days Waiting to Enter Treatment****45 Time Waiting**

997	Unknown	997	Unknown
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No longer effective as of: 06-30-1999

**15 Days Waiting to Enter Treatment****~ not collected field**

998	Not Collected	98	Not Collected
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**Discharge**

West Virginia

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>104</b>	<b>Provider ID (At Discharge)</b>	~	<b>not collected field</b>	
<b>105</b>	<b>Client Identifier - (At Discharge)</b>	~	<b>not collected field</b>	
<b>106</b>	<b>Co-Dependent/Collateral At Discharge</b>	~	<b>not collected field</b>	
<b>109</b>	<b>Service at Discharge</b>	~	<b>not collected field</b>	
01	Hospital Inpatient			
02	Free-Standing Residential			
03	Hospital (Other than Detox)			
04	Short-Term, <=30 days			
05	Long-Term, >30 days			
06	Intensive Outpatient			
07	Outpatient			
08	Detoxification			
97	Unknown			
<b>146</b>	<b>Date of Last Contact</b>	~	<b>not collected field</b>	
<b>147</b>	<b>Date of Discharge</b>	~	<b>not collected field</b>	

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**Discharge**  
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<b>149</b>	<b>Reason for Discharge , Transfer or Discontinuance of Treatment</b>	~	<b>not collected field</b>
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		



Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report